STATE OF MARYLAND—	CERTIFICATE OF DEATH 4151
1. PLACE OF DEATH	200mm × 100
County Howard	Registration Dist. No.
Village or offen Waterlys	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME have the	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	57, Le Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town, and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A 1
ok Divorced (write the word).	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dev. and year) 891 Uuluum	I lest saw hdeath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 30 m.
45 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade, profession, or perticular	Were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thattie I skull
9. Industry or business in which work was done, as SILK MILL.	A A A A 44 1
work was done, as SILK MILL, SAW MILL, BANK, etc	-and between 196136
11. Total time (years) this occupation (month and year) year) occupation occupation	
The state of the s	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)(State or country)	
E	D 4 P
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME THAT MANY	What test confirmed diagnosis? Was there an autopsyllians the fellowing the second and the secon
E UMALIANA	23. If death wes due to external causes (VIOL ENGE) fill In also the following: Accident, suicide, or homicided.
Slate or country)	Where did Injury occur? Balla - Wash Bula.
Jess a Fraley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME or in PUBLIC PLACE.
17. INFORMANT (Addross) Just & Shary My Calv	sulle, let. Public bloce (ta)
18. BUMAL, CREMATION, OR RAMOVAL-	Manner of injury anto - acyling
Place Date T 19 3, 19	Nature of injury Martine Jalanele
19. UNDERTAKER LOS Q. Di alley	24. Was diseese or injury in any wey related to occupation of deceased?
(Address), Calvisable, the	If so, specify
20 EUED 4 19 36 Trankstiller	(Signed)
20. FILED	(Address) Parage Live

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	28 A C 2 P - 4 U	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Howard County Registration Dist. No. Clarksville. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 11ffs mos. ___ds. How long in U.S. if of foreign birth? _____ yrs. ____ mos. ____ds. Laura E. Dorsey 2. FULL NAME (a) Residence: No. Clarksville, Md. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) April 9th Colored Female single (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years If LESS than to have occurred on the date stated above, at ______m, Months Days 1 day, ____ hrs. 60 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, housekeeper Jo back may Industry or business in which Chronic mordicitis work was done, as SILK MILL, SAW MILL, BANK, etc.... Primary/ Couse & Chronic myocarditis no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Causes of importance: Clarksville 12. BIRTHPLACE (city or town). Mid (State or country) Temus Dorsey FATHER 13. NAME Clarksville. 14. BIRTHPLACE (city or town) (State or country) MOTHER Lydia M. Burkett important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Clarksville. Accident, suicide, or homicide?______ Date of injury______19____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Remus Dorsey, plnods Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Clarksvill (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury CAUSE Place Home Cemetery Date April 12,936 mation MOIL Nature of injury. George R. Snowden 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Rockville. Ma. (Address) If so, specify 20. FILED 4-11 1936 Registrar. (Address)

(Year)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy QCAT Q IVIN	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County____ Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... How long in U.S. if of foreign birth?_____yrs.____mos.____ds. _____yrs._____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If marriad, widowed, or divorcad HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Yaars Months Days If LESS than 1 day, hrs. or____nin ware es follows: Date of onset Arrede, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc..... jo OCCUPAT 9. Industry or business In which work was dona, es SILK MILL, SAW MILL, BANK, etc. back 1D. Date deceased last worked at On 11. Total tima (yaars) this occupation (month and spent in this occupation ... instructions Othar Contributary Couses of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?..... OTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19____ 16. BIRTHPLACE (city or town) (Stete or country) Whare did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury LION Nature of Injury____ 24. Was diseasa or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

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Example I	11	Example II	
The principal cause of death and related cau of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1936 1 1901	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	v. s		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

June 2 white Wishard Country by Companies the word of	STATE OF MARYLAND—	CERTIFICATE OF DEATH 415	ą
Village or City Letter the Month of the process of	1. PLACE OF DEATH	(48)	
Village or City Letter the Month of the process of	County Howard	Registration Dist No. 19	7/
Langth of residence in city or lown where death occurred. A Loyrs	2.1 07		
(a) Residence: No. (Count place of shock) PERSONAL AND STATISTICAL PARTICULARS 1. SEX A COLOR OR RACE S. SINCLE MARKIED, WIDOWED. OB LYORGED (writch the word) DATE OF DEATH 21. DATE OF DEATH (North) (Worth) (W		death occurred in a horpital or institution, give its NAME instead of street and no	
(a) Residence: No. (Usus) piece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWOD, OR DATE 6. DATE OF DEATH 7. SEX 1. Married Widowed, or diversal or diversal converted world on the following of diversal diversity of the world on the following: 5. DATE OF DIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. DATE OF BIRTH (month, day, and year) 8. Pade, profession, or particular 9. Date of country 9. Date of country 9. Date of country 10. Date deceased fast worked at some as a follows: 9. Date of country 10. Date deceased fast worked at some as a follows: 10. Date deceased fast worked at some and state of the following: 12. BIRTHPLACE (city or town) 13. NAME Churchyphan F: Hermann 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Club or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. MAIDEN NAME Club or town) 19. Maloen or country) 19. Maloen name of operation. 19. Date of country 19. What test confirmed diagnosis? 19. Was thar an autopsy? NO 21. HEREBY CERT I FY, That I attended deceased? 19. THORMANT 19. What dia situation do not country and state or country 19. What did reproduced in House fire in profession or country 19. What did reproduced in INDUSTRY, in HOUSE, or in Public Place. 19. Address or country 19. What did reproduced in Industry in any way related to occupation of deceased? 19. OR SERVAL OR SERVAL 19. OR SERVAL OR SER	Length of residence in city or lown where death occurred Z Lo_yrsmos.	ds. How long in U.S. if of foralgn birth?yrsmos	sds.
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21. DATE OF DEATH Washington of Control of C			State
June 19 June 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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Pade, profession, or particular Kind of work doms, as SPINNER, Insurance Broken Kind of work doms, as SPINNER, Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which work was one as SPINNER. Industry or business in which was done or business of importance: 10. Data deceased last worked at this occupation month and of the country of the country. In this occupation work as the country. In the country of the country of the country. In the country of the country of the country. In the country of the country of the country. In the country of the country of the country of the country. In the country of the cou		The PRINCIPAL CAUSE OF DEATH and related causas of importance	
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Other Centributory Causes of Importance: Other Causes of Importance: Other Causes of Importance: Other Causes o	10. Data daceased last worked at this occupation (month and set of the spantin this 4/4	o, indigestion	
(State or country) 13. NAME Christopher J: Herrmann 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Cliveral Duvill 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. State or country Date Of operation What test confirmed diagnosis? Was thara an aulopsy? NO 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Mannar of Injury Natura of Injury Natura of injury 19. UNDERTAKER (Address) 24. Was diseasa or injury in any way ralated to occupation of deceased? If so, spacify (Signed) Atauley 6: Farauthaue Second	Pall Mal	Other Contributory Causes of Importance:	1000
13. NAME Christopher J: Hermann 14. BIRTHPLACE (city or town) German (State or country) 15. MAIDEN NAME Cliverola Divoral 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Beny Meeler (Address) 18. BURIAL, CBEMATION OR REMOVAL (Address) Date Of operation Name of operation What test confirmed diagnosis? Was thara an aulopsy? NO What dest confirmed diagnosis? Was thara an aulopsy? NO What dest confirmed diagnosis? Was thara an aulopsy? NO What dest confirmed diagnosis? Was thara an aulopsy? NO What did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury Natura of Injury Natura of Injury Natura of Injury 19. UNDERTAKER (Address) The state of th	12. BIRTHPLACE (city or town)		
Name of operation		`	
Name of operation	13. NAME Christopher J: Hermann		
15. MAIDEN NAME Plured Durvel 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CBEMATION, OR REMOVAL Placa 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)		Name of operation Data of	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place (Address) Date Date Date Date 11. 1936 Mannar of Injury Natura of injury Natura of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) 19. UNDERTAKER (Address) (Address) (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Nannar of Injury Natura of injury 19. UNDERTAKER (Address) (Signed) Address (Signed) Address (Signed) Address (Signed) Address (Signed) Address (Signed)		What test confirmed diagnosis? Was there an au	utopsy?_NQ_
(State or country) Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Placa Placa Date Date Placa 19. UNDERTAKER (Address) Consultation Date Date Date Date (Address) (Signed) Attuly 6. Frauthouse (Signed) Attuly 6. Frauthouse (Signed)	15. MAIDEN NAME Cleverda Duvill	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Mannar of Injury Natura of injury Natura of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Mannar of Injury Natura of Injury Natura of injury 19. UNDERTAKER (Address) (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Placa 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	(State or country) Manyland		
Place of the live. Date Uprel -11, 1936. Natura of injury. 19. UNDERTAKER Cessaling Since 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) Abauley 6. Formuthame seconds.	17. INFORMANT Being Meller (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
Place The Company Date Company 196 Natura of injury 19. UNDERTAKER Canal Strong (Address) 19. UNDERTAKER Canal Strong (Address) 19. UNDERTAKER Canal Strong (Signed) Attacking Strong (Signed) Attacking Strong Strong (Signed) Attacking Strong Stro	18. BURIAL, CBEMATION, OR REMOVAL	Mannar of Injury	
19. UNDERTAKER Conclus Since (Address) The Conclus Md If so, spacify (Signed) Attacking Security (Signed) Attacking Security (Signed)	Place It thus Clus. Date Uprel -11,1036		
(Address) Elizable City Md If so, spacify (Signed) Stanley & Frankline Secret	Level on Son		
(Signed) Atauley 6. foranthane source			
	20, FILED 4/ 61 , 19 36 Wy / Fissell	(Signed) Stauley & Srouthauc	. Second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. P.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

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Cerebral hemorrhage	July 5, 1027	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(A)
County Howard	Registration Dist. No. 191
Village or City Near Ellicott City, Md.	No
(II Length of residence in city or town where death occurredyrlife_mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stephen Joyce	If U. S. Veteran, specify WAR
(a) Residence: No. <u>Fllicott City</u> , Md. ((Usual place of abode)	Outside) Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH 4-2-36 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Henson Joyce	22. I HEREBY CERTIFY, That I attended deceased from
2000-0 1.2.1901	INQUIRY 19 , to , 19 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 8.10. ArM
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
34 ormin.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. Chauffes	Cun aphot wound in last
9. Industry or business In which	Gun =shot wound in left 4-2-36
work was done, as SILK MILL, SAW MILL, BANK, etc	510000
10. Dato deceased last worked at this occupation (month and 4-1-36 spent in this 70 y	,
this occupation (month and 4-1-38 spent in this 10 y	Dther Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	Differ Conditional Constraints
(State or country) Maryland	
13. NAME Jesse Joyce 14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Snowden 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide. Date of injury 4-2, 1936.
(State or country) Maryland	Where did injury occur? Howard County
17. INFORMANT Mary Joyce (Address) Fllicott City.Md.	(Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Home
18. BURIAL, CREMATION, DR REMOVAL Place Pine Orchard Date 4-5-36 19	Manner of injury Gun-shot in left breast
19. UNDERTAKER F. C. Higinbothom Jr. (Address) Ellicott City, Mc.	24. Was disease or injury in any way related to occupation of deceased?NO
20. FILED 4/4 , 1936 W H Frisell Registrar.	(Signed) Attenday & Strentham Act. Coroner

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example	I	11	Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
02	8AV 5 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
70.0	DEXTI VI			
		-13		
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
MARGIN	

1. PLACE OF D	STATE C	OF MAR	YLAND-	CERTI	FICATE	OF DE	ATH 4	157
1. PLACE OF D					- (9	Zal Y		1010
County / A	-and				<u> </u>	Registratio	n Dist. No.	72
Village or City	rordsl	och		No			St.,	Ward
Length of residence	In city or town where	death occurred 3.	(II) S_yrsmos				ME instead of street a	
2. FULL NAME		1	nu la	ich				111030
	0.	amos.	rr-cr Lyac	7	If U. S. Veteran	, specify WAK.	X	
(a) Residence / N	0. // 0000	(Usual place	of abode)	St.,	Ward.	If nonreside	nt give eity or town	and State
PERSONAL	AND STATIST	ICAL PARTI	CULARS		MEDICAL C		E OF DEATH	
3. SEX 4. C	OLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE	OF DEATH	afer (Month)	19	, 193 6 (Year)
5a. If married, widowad, or HUSBAND of (or) WIFE of	divorced a True	c. you	ril.	22.	HEREB	V	F.Y. That I attend	111722
DATE OF BIRTH (most)	1	618	10	Mart saw h	f allva on	al 18	3 /	h
6. DATE OF BIRTH (monti 7. AGE Years	Months	Days	If LESS than		rred on the date stat	tad above at 33	OG.m.	; death is said
78	13	11	1 day,hrs.	The PRINCIP	PAL CAUSE OF DEA			
8. Trada, profassion,	or particular C	1	101	ware as follo	iws:		.,	Date of onset
SAWYER, BOOK	one, as SPINNER, KEEPER, etc	ar,		Chron	us Val	milas	Hear	1-7
9. Industry or busine work was dona SAW MILL, BA	as SILK MILL.	rus, R!	3 etc	1/1/2	are			
10. Date dacaesed las	worked at	11. Total ti	Ima (yaars)	V				
year)	772	OCCL	ipation 2	Other Castell	Lutama Canara at Ince			
12. BIRTHPLACE (city or to	wn tarre	de 15	and	Other Coatri	butory Causes of Imp	portance:		
(State or country)	-70	med		Buch	ey Com	Seus	alson	An 1
13. NAME (2ar	very me	Hon	ight					
4 14. BIRTHPLACE (city		mour	A	Neme of oper	ration		Date o	f
(Steta of count		71	1 -	What tast cor	nfirmad diagnosis?		Was thera	an autopsy? Zad
15. MAIDEN NAME	Tacka !	Herbe	21	23. If daath wa	as due to externel ca	usas (VIOLENCE)	fill in also the follow	wing:
16. BIRTHPLACE (city		mon		Accident, suid	cide, or homicide?	••••••••	_ Date of injury	, 19
(Stete or count	ry)	01			jury occur?	(Specify city	or town, county and	State)
17. INFORMANT (Addrass)	a Me	Tou	and	Specify wheth	her injury occurred	In INDUSTRY, In I	HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION,		··· M	3 - 8	Manner of in	jury			
Place A Cores	normy.	Woate War	22,19-32	Nature of inje	ury			
19. UNDERTAKER (Address)	lect	toon	mel	24. Was disaas		wey related to occu	upation of daceasad?	20
20. FILED CAME 2	2,1936	Tola)	Flores	(Signad)	to a	Mai	fur tour	M.D
	If more	blanks are needed, a	ddress State Registrar,			Requesting U. S. N	lo. s.	7

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributors causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

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state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 41	58
1. PLACE OF, DEATH	93-0	
County Howard	Registration Dist. No. 19	/
Village or City Eller & Cel,	No. Main St., death occurred in a horpital or institution, give its NAME instead of street and no	Ward
1	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Emmer aue Mel	los	
(a) Residence: No. //Laux	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	
Tenule White OR DIVORCED (with the world)	(Month) (Day)	(Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of OULD AMALIA Mellow	22. A I HEREBY CERTIFY. That i ettended d	-
16. 6.1853	19, 10, 10	; deeth is seld
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the dete steted above, at (230A m.	, deeth is seid
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance	
8. Trade, profession, or perticular	were es follows:	Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Level Controles	0/0/20/2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this operupation (month and		
10. Date decessed last worked at this occupation (month and the yeer)		
	Other Coutributory Causes of Importance	1924
(State or country)		1.1.1.1.1
13. NAME Leorge Oliver Smith		
13. NAME / Longe Clives Smith	Name of operation Dete of	7.
1 (Stele of Country)	What test confirmed diegnosis? Wes there en au	
15. MAIOEN NAME arabs (lun Ball 16. BIRTHPLACE (city or town) (State on country)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (State on country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT/ Lionge @ Millar	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
(Address) College City		
18. BURIAL, CREMATION, OR REMOVAL COSTS ON 19.3 (2)	Manner of injury	7 7 9 9 9 9 9 9 9 9
19. UNDERTAKER & Caston Sout	24. Wes disease or injury in eny way related to occupation of deceased?	
(Address) Clicalt Cely	If so, specify 1	
20. FILED 4/30 1936 W/ Finall	(Signed) Miller	M. D.
Registrar.	(Address) Ellerth Lyny	

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Chronic interstitial nephritis MAY 5	1936 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,192	7 Peritonitis	3 days ago
FUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,192	3 Gastroenteritis	1 year

-	or print		0
T -	UNFADING INK-THIS IS A PERMANENT RECOKD. Every i	supplied. AGE should be stated EXACTLY. PHYSICIANS	terms, so that it may be properly classified. Exact statement
	T REC	Y. PH	Exact
TANGIN RESERVED FOR DINDING	RMANEN	XACTL	classified.
LOIL	IS A PE	stated F	properly
1	HIS	pe	pe
I A ATTIC	NK-T	plnods	it may
र्वे व	ING I	AGE	o that
ARVAIN	UNFAD	supplied.	terms, se

1. PLACE OF DEATH				(51-0)	*	190
County Haw	and				Registration Dist. No	1.13
Village or City 4	unfor	el		No.	S. MARKET	_St.,Wa
Length of residence in city of	r town where de	eath occurred	Vrsmos	death occurred in a hospital or insti	tution, give its INAME, instead of s	treet and number)
2. FULL NAME Se	m = 1, 4	B ma	ore.	If U. S. Veterar	n specify WAR	
Λ	U	\\\\\	Carter		× ×	
(a) Residence: No. 42	ssejeo	(Usual place		- July Wards	If nonresident give city or	town and State
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DE	ATH
3. SEX 4. COLOR O	R RACE	OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	(Month) (Day)	193 6
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Music	m ga	mbrell	more	22. I HEREB	Y CERTIFY, Thet I	ettended deceased f
6. DATE OF BIRTH (month, day, er	nd veer)	WY.5,18	252	I lest saw h alive on	4/ 22	, 19≩∡; death is
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date st	eted above, et 5.30 P m.	
83	4	17	1 dey,hrs.		ATH and related ceuses of import	ance Date of or
8. Trede, profession, or partic kind of work done, es SAWYER, BOOKKEEPE	cular SPINNER,	7a	riner	Smilil	The second secon	Date of or
9. Industry or business in wi	hich			Chronis	heppriting	192
SAW MILL, BANK, etc.		11 Total	ima (una - V	Chron	in Myocara	hay 192
ID. Date deceased last worked this occupation (month year)	and 2 - 145	spe	nt in this ye	Cancer of &	rastate gland: Conce	nomus
year)		1	a pation	Other Contributory Causes of in	nportence: Cursor.	,
12. BIRTHPLACE (city or town) (State or country)	74	land.		O. This	03.7	4/2
E 13. NAME July	·	700)	rannwage	Itra: seconda	1 4/1
프	our	1,4000		Name of operation Cancer		Date of
I4. BIRTHPLACE (city or town (State or country)	me	rulcus	J		Was	L
15. MAIDEN NAME	mu)	Barr	iere)		ceuses (VIOLENCE) fill in elso the	
15. MAIDEN NAME 16. BIRTHPLACE (city or town	,				Date of inju	
(State or country)	m	arylan	el.	Where did injury occur?	78.78	
17. INFORMANT Laurer	ue m	nouse)	W16	Specify whether injury occurred	(Specify city or town, count in INDUSTRY, In HDME, or in R	ty and State) UBLIC PLACE,
(Address)	an	upo,)	vet	-		
18. BURIAL, CREMATION, OR REM	TOVAL	,,	26 31	Manner of injury		
Placeange. Che	spec.	Dete 4	-25,136	Nature of injury		
19. UNDERTAKER 4.C.	Herin	- city	und.	24. Was disease or injury in any	way releted to occupation of dec	eased?40
20. FILED 4/24/36.	Tuai	ik Sh	iller.	(Signed)	auril in	,

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Example I		Example II		
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Chronic interstitial nephritis MAY 5 93	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Eller V. S.	3	L 020 1000	-
Other contributory causes of importance:		Other contributory causes of importance:	##M#[5
Gallstones	May 1,1923	Gastroenleritis	1 year
		de de como de company de company	The second secon
			Call Property like

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-0)
County formal	Registration Dist. No.
Village or City Florence	No. St., Ward
Length of residence in city or town where death occurred.	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL MANE MAN & RIVER	nostyt5
2. FULL NAME TONIS OF THE	× ×
(a) Residence: No. Therefore (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH abril 20
So If married widowed or diversed	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) March 11, 1861	I last saw h Greened 19 doeth is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	about _
70 / 0 ldey,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Gerebral accedent: 4/20/2
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Ax XXO & Cerchal socident; classic
	fied we application stroke.
Onte decessed last worked et 11. Total time (years) spent in this occupation (month and year) occupation	De Patient sons deady when ployeis.
12. BIRTHPLACE (city or town) Florence	Other Cantributery Canles of importance: Cean first suw him.
(State or country)	Willed know-
I 13. NAME Wir Shipley	- Washington
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy? 300
15. MAIOEN NAME Unskenown	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
State or country)	Where did injury occur?
17. INFORMANT Various Hupley (Address) West my allo him	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place farming Majell Date 4 2 19	Nature of Injury
19. UNOERTAKER To Accimbolhous Chadress) Celusit Cili Many	24. Was disease or injury in any way related to occupation of deceased? 729
(MUNISS) Celliary life Med	If so, specify
20. FILED 4 - 40, 1936 C. Start Of State Registrar.	(Signed) Jo Pouling Travel M. D. (Address) Medainy Med
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample I		Example II			
The principal cause of dea of importance were as foll Arteriosclerosis	ath and related causes cows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1111/ 0 1000	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	WAL & LEGO	July 5, 1927	Peritonitis	3 days ago		
	DIDEAN W.					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cercoral nemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7	
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CD. Every item of infor-N. B.—WRITE PLAKAY, WITH UNFADING INK—THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 4182	
1. PLACE OF PEATH	94-20 4 191	
County Howard	Registration Dist. No.	
Village or City feelfles Comer	No. St., Ward	
Length of residence in city/or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.	
2. FULL NAME Harrieff Mollar	feld	
(a) Residence: No. Tellos Comp	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWEL OR DESCRIPTION OF DES	21. DATE OF DEATH A LAG	
Sa. If married, widowed, or diversed HUSBAND of (or) WIFE of Halles A. Wallel	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 4-17, 19.36; death is said	
7. AGE Years Months Days If LESS the		
76 5 - 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trede, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary Thrombours 4-17-51	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spart in this occupation		
12. BIRTHPLACE (city of town) Thomas Co (State or country) Mary Rawd	Other Contributory Causes of Importance:	
13. NAME Sewel @ Musgro	UE.	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
15. MAIDEN NAME SILLA Stowells	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME (LILL STREET OF COUNTY) 16. BIRTHPLACE (city or town) (State of County)	Accident, suicide, or homicide?	
17. INFORMAN has a la Marfield	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OB REMOVAL Place M Landiel Cy Date Cheving., 19.	Manner of Injury	
19. UNDERTAKER S. Collaboration Africa. (Address Collaboration Collaboration)	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED CAN'S 18, 19 36 COTA Giscall Resistra	(Signed) George & Guytorf M. C. (Address) Ellivot Rily Ind	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V	110		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The bright
	<u></u>		1